## City of Albuquerque Vendor E-Pay Payment Form

I here by authorize the CITY OF ALBUQUERQUE to initiate Accounts Payable payments through their Corporate Credit Card program (E-Payables)

## \*Required Informaton

## **VENDOR INFORMATION**

| NEW:                            | UPDATED: |
|---------------------------------|----------|
| COMPANY/ORGANIZATION NAME:      |          |
| COMPANY/ORGANZIATION PHONE:     |          |
| COMPANY ADDRESS:                |          |
| CITY / STATE                    |          |
| ZIP CODE                        |          |
| CARD HOLDER NAME (PRINT):       |          |
| CARD HOLDER PHONE:              |          |
| CARD HOLDER EMAIL:              |          |
| AUTHORIZED NAME (PRINT):        |          |
| AUTHORIZED SIGNATURE:           |          |
| PHONE NUMBER:                   |          |
| TITLE:                          |          |
| DATE: (MM/DD/YYYY):             |          |
| SOCIAL SECURITY OR FEIN NUMBER: |          |
| E:MAIL ADDRESS                  |          |
| ADDITIONAL E:MAIL ADDRESS       |          |

PLEASE RETURN THE ORIGINAL E-PAY FORM DIRECTLY TO THE ADDRESS BELOW TO INITIATE PROCESSING SET UP YOU WILL BE ESTABLISHED AS AN E-PAY VENDOR AND PAYMENTS WILL BE MADE VIA YOUR CORPORATE CREDIT CARD UPON COMPLETION OF THE BANK VERIFICATION PROCESS. (POSTING TO YOUR ACCOUNT 48 HOURS FROM DATE OF TRANSFER)

Questions regarding this form of your E-Pay transactions should be directed to the Accounts Payable department at the address/number below:

**DFAS Accounts Payable Office** 

 City of Albuquerque
 Phone: (505) 768-3471

 PO Box 1985
 Fax: (505) 768-6476

 Albuquerque, NM 87103
 E-Mail: gmaurino@cabg.gov